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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/715,891
	Filing Date	November 17, 2000
	First Named Inventor	Webb
	Group Art Unit	1644
	Examiner Name	Unassigned
Total Number of Pages in This Submission	Attorney Docket Number	TSRI 536.1 Div 2

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
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<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Emily Holmes
Signature	
Date	April 5, 2001

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 4/5/01			
Typed or printed name	Tami Barnas		
Signature		Date	April 5, 2001

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Practitioner's Docket No. TSRI 536.1 Div 2

PATENT RECEIVED

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Webb, et al.

Application No.: 09 / 715,891

Group N.: 1644

Filed: November 17, 2000

Examiner: Unassigned

For: MHC CLASS II ANTIGEN PRESENTING SYSTEMS AND METHODS FOR ACTIVATING CD4+ T CELLS

Assistant Commissioner for Patents
Washington, D.C. 20231

REQUEST FOR CORRECTED FILING RECEIPT

1. Attached is a copy of the official filing receipt received from the PTO in the above application for which issuance of a corrected filing receipt is respectfully requested.

NOTE: The PTO will not correct the filing receipt until the application is complete (in other words, the applicant files a response to the notice to file missing parts).

2. There is an error with respect to the following data, which is:

☒ Incorrectly entered

and/or

☐ omitted.

Error in

1. ☐ Applicant's name
2. ☐ Applicant's address
3. ☐ Title
4. ☐ Filing Date
5. ☐ Application Number
6. ☐ Foreign/PCT Application Re:
7. ☒ Other Continuing Data

Correct data

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

7. This application is a DIV of 09/194,285, 4/12/99 which claims benefit of 60/018,175, 5/23/96

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Date: 4/5/01

Signature

Tami Barnas

(Type or print name of person certifying)

(Request for Corrected Filing Receipt [5-8]—page 1 of 2)



3. (complete the following applicable item)

A. ☒ The correction(s) is/are not due to any error by applicant and no fee is due.

OR

B. ☐ At least one of the above corrections is due to applicant's error and the fee therefor, under 37 C.F.R. § 1.19(h), of \$25.00 is paid as follows:

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☐ Charge Account _____ \$25.00.

Emily Holmes
SIGNATURE OF PRACTITIONER

Reg. No.: 40,652

Emily Holmes
(type or print name of practitioner)

Tel. No.: (858) 784-2937

The Scripps Research Institute
P.O. Address
10550 N. Torrey Pines Road, TPC-8
La Jolla, CA 92037

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/715,891	11/17/2000	1644	3302	TSRI 536.1 Div2 SCZ 0289T	6	62	6

The Scripps Research Institute
10550 North Torrey Pines Road
Mail Drop TPC-8
La Jolla, CA 92037

reviewed

2/27/01 DE

FILING RECEIPT

OC000000005767957

Date Mailed: 02/15/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)Susan R. Webb, La Jolla, CA ;
Ola Wingvist, Uppsala, SWEDEN;
Lars Karlsson, La Jolla, CA ;
Michael R. Jackson, Del Mar, CA ;
Per A. Peterson, Rancho Santa Fe, CA ;**Continuing Data as Claimed by Applicant**THIS APPLICATION IS A DIV OF 09/164,285 10/01/1998
WHICH CLAIMS BENEFIT OF 60/021,498 07/10/1996**Foreign Applications**

If Required, Foreign Filing License Granted 02/14/2001

Title

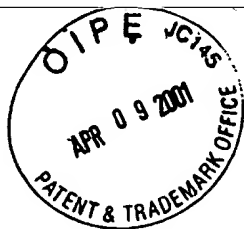
MHC class II antigen-presenting systems and methods for activating CD4+ T cells

Preliminary Class

435

Date: 02/15/2001

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52



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Title 37, Code of Federal Regulations, 5.11 & 5.15

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